



State of New Jersey  
DEPARTMENT OF COMMUNITY AFFAIRS

JAMES E. MCGREEVEY  
Governor

MEMORANDUM

SUSAN BASS LEVIN  
Commissioner

TO: Sponsors, Continuing Education Credit

FROM: Daniel J. Kaminski, Manager, Certification Unit  
for Matthew U. Watkins, Director  
Division of Local Government Services

SUBJECT: Continuing Education Sponsor Agreement

Attached is a Continuing Education Sponsor Agreement for your use. This agreement is to be used for applying for continuing education credit for programs directed toward those local officials for which the Division administers certification programs. You may duplicate this form.

**It is strongly recommended that the application be submitted in a timely manner prior to the date of the program. Based on the circumstances, applications submitted retroactively will be approved or denied credit at the discretion of the Division.**

As sponsor, you are responsible for supplying attendees with some proof of attendance, either directly after a program, or shortly thereafter by mail. At a minimum, the proof must contain the name and date of the program, the name of the sponsor organization, the course number assigned by the Division, and the applicable contact hours.

In addition, upon conclusion of each seminar, please submit the original sign-in and evaluation sheets to the attention of the Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Please include the name of the instructor(s) on the evaluation sheets.

Thank you for your interest in providing continuing education. If you have any questions, or if you need sample sign-in or evaluation sheets, please contact the Certification Unit at (609) 633-6349.

DJK:MUW:djk  
attachment



NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF LOCAL GOVERNMENT SERVICES  
**Continuing Education Sponsor Agreement**

**Part 1 — Sponsoring Organization Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Contact Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Part 2 — Program Details**

Title of Program: \_\_\_\_\_

Date(s) of Session: \_\_\_\_\_ Time of Session: \_\_\_\_\_

Location of Session: \_\_\_\_\_

Summary of Course Content (attach detailed syllabus):

Names of Instructors (if DLGS instructors are involved, attach completed Staff Instruction Request):

If Page 2 has been completed and is attached, check here: ☐

The sponsor agrees to comply with Division procedures for continuing education programs.

Signature of Authorized Representative: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed applications to: Certification Unit, Division of Local Government Services,  
P.O. Box 803, Trenton, NJ 08625. If you have any questions please call the Division at:  
609-633-6349.

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS**  
**DIVISION OF LOCAL GOVERNMENT SERVICES**  
**Continuing Education Sponsor Agreement - Page 2**

<b>Allocation of Certification Program, Curriculum Areas and Hours</b>			
Certification Program	Curriculum Area	Proposed Contact Hours	Approved Contact Hours (DLGS use only)
Municipal Financial Officer	Accounting .....	_____	
	Budgeting .....	_____	
	Financial and Debt Management .....	_____	
	Office Management and Ancillary Subjects .....	_____	
	Information Technology .....	_____	
County Finance Officer	Accounting .....	_____	
	Budgeting .....	_____	
	Financial and Debt Management .....	_____	
	Office Management and Ancillary Subjects .....	_____	
	County Fiscal Operations .....	_____	
	Information Technology .....	_____	
Tax Collector	Enforcement .....	_____	
	Legislation .....	_____	
	Reporting/Billing/Collection .....	_____	
	General/Secondary .....	_____	
	Information Technology .....	_____	
Public Works Manager	Technical .....	_____	
	Management .....	_____	
	Government .....	_____	
	Information Technology .....	_____	
Municipal Clerk	Elections .....	_____	
	Finance .....	_____	
	Licensing .....	_____	
	Records .....	_____	
	Professional Development .....	_____	
	Information Technology .....	_____	

For DLGS Use Only: Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Course # \_\_\_\_\_

Comments:

Reviewer	App.	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS  
DIVISION OF LOCAL GOVERNMENT SERVICES  
**REQUEST FOR DLGS SPEAKER**

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**Title of program:** \_\_\_\_\_

Speaker # 1 Name: \_\_\_\_\_

Material to be covered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speaker #2 Name: \_\_\_\_\_

Material to be covered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speaker # 3 Name: \_\_\_\_\_

Material to be covered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For DLGS Use Only:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

FW \_\_\_\_\_